

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 0 1 3

2. STATE:

MONTANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

JULY 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☒

AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(XVIII)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 517,072

b. FFY 2003 \$ 1,034,160

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

NEW

10. SUBJECT OF AMENDMENT:

Optional coverage group for women screened under CDC and CCEDP who need treatment for breast  
or cervical cancer, including pre-cancerous conditions of the breast or cervix

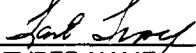
11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

SINGLE AGENCY DIRECTOR

2001 MAY 25 A 11:13

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

GAIL GRAY

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

MAY 21, 2001

16. RETURN TO:

DPHHS

GAIL GRAY

PO BOX 202951

HELENA MT 59620-2951

ATTN: JEAN ROBERTSON

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

May 25, 2001

18. DATE APPROVED:

June 1, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: May 24, 2001

STATE: MONTANA

Citation

Groups Covered

B. Optional Groups Other Than Medically Needy (continued)

1902 (a)(10)(A) (ii)  
(XVIII) of the Act

X 20. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

       21 Women who are determined by a 'qualified entity' (as defined in 1920B(b)) based on preliminary information, to be a woman described in 1902 (aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made.